



## Complete Summary

---

### GUIDELINE TITLE

Treatment of acute pancreatitis.

### BIBLIOGRAPHIC SOURCE(S)

Society for Surgery of the Alimentary Tract. Treatment of acute pancreatitis. Manchester (MA): Society for Surgery of the Alimentary Tract; 2000. 3 p. [5 references]

## COMPLETE SUMMARY CONTENT

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

Acute pancreatitis

### GUIDELINE CATEGORY

Evaluation

Treatment

### CLINICAL SPECIALTY

Gastroenterology

### INTENDED USERS

Physicians

### GUIDELINE OBJECTIVE(S)

To guide primary care physicians to the appropriate utilization of surgical procedures on the alimentary tract or related organs.

#### TARGET POPULATION

Adult patients with acute pancreatitis.

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Initial 24-48 hours: no oral intake, narcotics for pain relief, IV fluids
2. Cholecystectomy for patients with gallstone pancreatitis
3. Endoscopic papillotomy if common bile duct is obstructed by a stone
4. Referral to counseling/detoxification/rehabilitation program for patients with history of alcoholism
5. Diet and drug therapy for patients with hyperlipidemia
6. If indications of multiple organ failure, institute vigorous fluid resuscitation with electrolyte solutions
7. Swan-Ganz monitoring in patients with signs and symptoms of multiple organ failure (e.g. decreased perfusion of lungs and kidneys)
8. Antibiotic treatment to prevent or delay infection associated with severe pancreatitis in the initial 1-2 weeks of acute onset
9. Surgical excision of infected pancreatic and peripancreatic tissue

#### MAJOR OUTCOMES CONSIDERED

- Morbidity and mortality rates associated with pancreatitis
- Length of hospital stay

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

## METHODS USED TO ANALYZE THE EVIDENCE

Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Society for Surgery of the Alimentary Tract (SSAT) guidelines are based on statements and recommendations that were overwhelmingly supported by clinical evidence. Each represents a consensus of opinion and is considered a reasonable plan for a specific clinical condition.

(See companion document Gadacz TR, Traverso LW, Fried GM, Stabile B, Levine BA. Practice guidelines for patients with gastrointestinal surgical diseases. J Gastrointest Surg 1998;2:483-484.)

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The guidelines were reviewed by several committee members and then by the entire committee on several occasions. Each guideline was then sent back to the original author for final comment and reviewed again by the committee. Each guideline was approved by the Board of Trustees of the Society for Surgery of the Alimentary Tract and final comments were reviewed by the committee.

(See companion document Gadacz TR, Traverso LW, Fried GM, Stabile B, Levine BA. Practice guidelines for patients with gastrointestinal surgical diseases. J Gastrointest Surg 1998;2:483-484.)

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

Please note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

#### Treatment

Patients with mild pancreatitis usually experience resolution of their pain within 24-48 hours after a regimen of no oral intake, narcotics for pain relief, and intravenous fluids. Once oral intake is tolerated, patients can be discharged from the hospital. Patients with pancreatitis secondary to gallstones should undergo cholecystectomy during the same hospitalization. Common bile duct obstruction from a stone at the ampulla requires urgent removal of the stone (preferably by endoscopic papillotomy) if there is evidence of cholangitis. Patients with a history of alcoholism should be counseled and encouraged to participate in a detoxification and rehabilitation program, while patients with hyperlipidemia should be placed on appropriate diet and drug therapy. Severe pancreatitis is often associated with a marked increase in microvascular permeability, leading to large volume losses of intravascular fluid into the tissues, thereby decreasing perfusion of the lungs, kidneys, and other organs. Probably the single most important element in preventing multiple organ failure is vigorous fluid resuscitation with electrolyte solutions in order to optimize cardiac index and maintain hemodynamic stability. Swan-Ganz monitoring is helpful in such patients. In this scenario, fewer patients develop multiple organ failure. Patients with severe pancreatitis should be treated in an intensive care unit because of the associated high mortality and morbidity rates. If these patients do not improve within 7 days referral should be made to a medical center with a team experienced in caring for severe pancreatitis. Infection occurring early (within 1-2 weeks) after the onset of pancreatitis has an ominous prognosis. When infection supervenes two or more weeks after onset of symptoms, the infected pancreatic and peripancreatic tissue is more readily defined and removed at operation, with a decreased mortality rate. Preventing or delaying infection with appropriate antibiotics reduces morbidity (and possibly mortality), length and cost of hospitalization, and the necessity for operative intervention. Treatment of infected fluid and/or necrotic tissue may include endoscopic, radiologic and operative procedures. Aggressive nutritional support is also essential for these patients.

#### Qualifications of Personnel Providing Care or Surgery

These patients should ideally be treated by a team of physicians qualified to care for critically ill patients and especially patients with severe pancreatitis. Surgeons who are certified or eligible for certification by the American Board of Surgery, the Royal College of Physicians and Surgeons of Canada, or their equivalent should perform operations for severe pancreatitis.

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

The mortality associated with severe pancreatitis and length of hospital stays should improve with adequate early resuscitation and the use of less invasive procedures. Preventing or delaying infection with appropriate antibiotics reduces morbidity (and possible mortality), length and cost of hospitalization, and the necessity for operative intervention.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

These guidelines have been written by the Patient Care Committee of the Society of Surgery of the Alimentary Tract (SSAT). Their goal is to guide PRIMARY CARE physicians to the appropriate utilization of surgical procedures on the alimentary tract or related organs and they are based on critical review of the literature and expert opinion. Both of the latter sources of information result in a consensus that is recorded in the form of these Guidelines. The consensus addresses the range of acceptable clinical practice and should not be construed as a standard of care. These Guidelines require periodic revision to ensure that clinicians utilize procedures appropriately but the reader must realize that clinical judgement may justify a course of action outside of the recommendations contained herein.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

## IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Society for Surgery of the Alimentary Tract. Treatment of acute pancreatitis. Manchester (MA): Society for Surgery of the Alimentary Tract; 2000. 3 p. [5 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1996 (revised 2000 Jan)

### GUIDELINE DEVELOPER(S)

Society for Surgery of the Alimentary Tract, Inc - Medical Specialty Society

### SOURCE(S) OF FUNDING

Society of Surgery of the Alimentary Tract, Inc.

### GUIDELINE COMMITTEE

Patient Care Committee

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Names of Committee Members: Thomas R Gadacz, MD (Chairman); L William Traverso, MD; Gerald M Fried, MD; Bruce Stabile, MD; Barry A Levine, MD.

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

Please note: This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

### GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the [Society for Surgery of the Alimentary Tract, Inc. Web site](#).

Print copies: Available from the Society for Surgery of the Alimentary Tract, Inc., 900 Cummings Center, Suite 221-0, Beverly, MA 01915; Telephone: (978) 927-8330; Fax: (978) 524-8890.

#### AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Gadacz TR, Traverso LW, Fried GM, Stabile B, Levine BA. Practice guidelines for patients with gastrointestinal surgical diseases. J Gastrointest Surg 1998;2:483-484.

Electronic copies: Not available at this time.

Print copies: Available from the Society for Surgery of the Alimentary Tract, Inc., 900 Cummings Center, Suite 221-0, Beverly, MA 01915; Telephone: (978) 927-8330; Fax: (978) 524-8890.

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on March 28, 2000. The information was verified by the guideline developer as of May 30, 2000.

#### COPYRIGHT STATEMENT

For terms governing downloading, use, and reproduction of these guidelines, please contact: [ssat@prri.com](mailto:ssat@prri.com).

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/15/2004



